

motivating people to adopt family planning norms;

(b) if so, the reasons therefor; and

(c) the estimated amount likely to be saved as a result thereof?

younger age couples with high fertility potential.

(iv) It is necessary to give greater flexibility to States/UTs to plan the utilisation of available resources for optimising the results of population control efforts.

(c) No savings are likely to accrue.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARADEVI SIDDHARTHA): (a) and (b). There is no incentive based scheme motivating people to adopt family planning norms. However, under the Scheme of Compensation for loss of wages to acceptors of sterilisation/IUD insertion, the Central Government pays to the State/UTs a sum of Rs. 200/180/12 for each case of tubectomy/vasectomy/IUD insertion. Out of amount allocated for each case, Rs. 100 in case of vasectomy/tubectomy and Rs. 9/- in case of IUD insertion is paid to the acceptor as compensation of loss of wages and the remaining amount is spent on drugs, dressing, diet and transport etc. This Scheme is proposed to be modified for the following reasons: —

- (i) The available funds under the scheme should be distributed amongst the States and UTs based on their actual birth rate reduction efforts rather than on the basis of number of sterilisations and Intra Uterine Device (IUD) insertions from year to year.
- (ii) It is necessary to propagate a genuine cafeteria based approach to increasing contraceptive prevalence rates instead of emphasizing on a few specific methods such as sterilisation and IUD insertion alone.
- (iii) It is necessary to increasingly propagate the use of spacing devices of contraception with a view to cover a greater number of

Meningitis Deaths in Tribal District of Bastar

3282. SHRI PARASRAM BHARDWAJ:
SHRI SHRAVAN KUMAR PATEL.
SHRI VIRENDER SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether attention of the Government has been drawn to the news item captioned '725 meningitis deaths in Bastar' appearing in the 'National Herald' dated February 17, 1992;

(b) if so, the facts thereof;

(c) the allocation under tribal sub-plan made for the region; and

(d) the reaction of Union Government in regard to proper utilization of the money allocated for welfare of tribals of that area thereon?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARADEVI SIDDHARTHA): (a) Yes, Sir.

(b) According to the information furnished by the State Government for the period 1-1-1992 to 20-2-1992 the cases and

deaths due to meningitis and diarrhoeal diseases were as under:

	Cases	Deaths
Meningitis	68	12
Diarrhoeal Diseases	758	53

(c) A sum of Rs. 300.21 lakhs were allocated under Tribal Sub-plan for 1991-92 for Madhya Pradesh under major health schemes in the central sector.

(d) Funds are placed at the disposal of the State Government who have proper utilisation thereof.

[Translation]

Leprosy Units in Maharashtra

3283. SHRI VILAS MUTTEMWAR: Will

the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) the total number of leprosy treatment, rehabilitation and upliftment units in Maharashtra district-wise; and

(b) the number of voluntary organisations in the State engaged in this work district-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARADEVI SIDDHARTHA): (a) District-wise total number of leprosy treatment, rehabilitation and upliftment units engaged in related activities in the State of Maharashtra is shown at Statement-I enclosed.

(b) The district-wise number of voluntary organisations engaged in leprosy work in the State of Maharashtra is shown at Statement -II enclosed.

STATEMENT-I

S.No.	District	Number of Units
1	2	3
1	Raigad	1
2.	Ratnagiri	-
3.	Sindhudurg	-
4.	Thane	-
5.	Dhule	1
6.	Jalgaon	1
7.	Nashik	1
8.	Ahmednagar	1